

ART. III.—SUBACUTE MYELITIS OF THE ANTERIOR HORNS, WITH LIMITED SCLEROSIS OF THE LATERAL AND POSTERIOR COLUMNS.

BY DR. J. C. SHAW,
PRESIDENT NEW YORK NEUROLOGICAL SOCIETY; MEDICAL
DIRECTOR KINGS COUNTY INSANE ASYLUM.

THE following case is of interest for several reasons: Comparatively few cases of acute or subacute myelitis of the anterior horns have been reported with autopsy and microscopic examination; and in America I think that but two cases have been reported: one by Webber, of Boston, and another by Edes, of Boston.

This case was seen by me through the kindness of my friend, Dr. B. A. Segur, and the autopsy obtained through his efforts. The following is the history inscribed by Dr. Segur's house physician, Dr. Wm. Stephenson:

Mrs. K., aged 50, Canadian, seamstress, married, had six children, the last twenty years ago; admitted to the hospital (St. Peter's) May 26, 1879. Constitution and general health have been and are good; this attack is supposed to have been brought on by taking cold seven weeks ago; disease was ushered in by chills, fever, and pain through chest; a short time after she had pain in feet and cardiac region; simultaneously with appearance of above symptoms she had paralysis of all extremities; on admission she lies on her back in a helpless condition, and motion is painful to her; pulse 100; temperature 98°; tongue dry; great thirst; constipation; urine acid 1011; no albumen. Dr. Shaw saw her June 14 (Dr. S.'s examination will be given at end of history); urine and feces passed involuntarily; she is conscious of their passage but has no power to prevent it. June 29, patient gradually growing weaker and worse. July 8, severe pain in back like that which was present when attack first came on. July 11, lies with eyes open, groaning, partly from her helplessness; can-

Horns, questions whether the degeneration of the ganglion cells is the only lesion in these cases; the case of Webber, of Boston, and this one are proof that this is not the only lesion present.

The absence of very marked lesions in the medulla when there were decided symptoms referable to the medulla, is doubtless due to the fact that the onset of the bulbar symptoms caused death so rapidly; the appearance of bulbar symptoms in a case of this kind is quite exceptional, and shows that there is a variety of exceptional cases from the typical localized diseases of the spinal cord.
